

	Violation Class	Yes	No	N/A
20. For surface impoundment landfill or land treatment does owner/operator maintain liability coverage for sudden accidental occurrences not less than \$3,000,000 per occurrence with an annual aggregate of not less than \$6,000,000? Rule 701(2)	_____	_____	_____	_____
21. For the required insurance policy(s) is each policy amended by attachment of an endorsement on a form provided by the Director? and	_____	_____	_____	_____✓
22. Is insurer licensed to transact business in Michigan?	_____	_____	_____	_____✓

Comments: _____

Region III Headquarters
P.O. Box 30028, Lansing, MI 48909

March 8, 1989

Mr. Richard Hubler
General Supervisor
AC Spark Plug Division -GMC
1300 North Dort Highway
Flint, MI 48556

Re: AC Spark Plug Division
General Motors Corp.
MID 980568745

Dear Mr. Hubler:

On March 2, 1989, staff of the Michigan Department of Natural Resources, conducted an inspection of your facility in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Attached is a copy of the inspection report for your information.

As a result of the inspection, staff of the Department have determined that the above facility is in violation of the requirements of Subtitle C of RCRA. Specifically, staff found that:

264.175(b)(1) The floor in the drum storage area of the Averill Avenue facility had several cracks. Secondary containment must have an impervious base, free of cracks.

We request that you respond, in writing, to this letter by March 27, 1989 providing documentation to this office regarding those actions taken to correct these violations.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Leroy Vahovick
Leroy Vahovick
Env. Quality Analyst
WASTE MANAGEMENT DIVISION
Lansing District
517-322-5104

RCRA/ACT 64 INSPECTION REPORT

U.S. EPA I.D. NUMBER M I D 9 9 0 5 6 9 7 4 5
(or Michigan)

FACILITY NAME
(Mailing Address)

HC Spark plug Div - GMC
Averill Ave Complex
Flint MICHIGAN 48956
CITY ZIP CODE

DATE 3 12 / 89 TIME OF INSPECTION (FROM) 9:00 AM TO 12:30 PM

PERSON(S) INTERVIEWED	TITLE	TELEPHONE
<u>Richard Hubler</u>	<u>Gen Supervisor</u>	<u>313-257 6257</u>

INSPECTOR(S)	AGENCY/TITLE	TELEPHONE
<u>Leroy Vahovich</u>	<u>MDNR Env Quality Analyst</u>	<u>917-322-1700</u>

Primary Business of this Facility: Automotive parts mfg.

Reason for Inspection:

☒ Routine ☐ Follow-up ☐ Complaint

INSPECTION FORMS:

FORM

Based upon the inspection, this facility:

- ☐ is a non-generator/conditionally exempt small quantity generator
- ☐ small quantity generator
- ☒ generator
- ☐ transporter
- ☒ treatment/storage/disposal facility

A 481001

Date of Last Inspection 3/8/85

Violation
 Yes No N/A Class

GENERATOR APPENDIX

Section A: Scope

Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Manifest Requirements

- | | | | | |
|----|---|---|----|----|
| 1. | a.) Does the generator have copies of the manifest available for review and on-site. 252.40 | ✓ | | II |
| | b.) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. | | 30 | |

Comments: _____

- | | | | | |
|----|--|---|--|----|
| 2. | Do the manifest forms examined contain the following information (If so, make copies of, or record information from manifests that do not contain the critical elements: | | | |
| | a.) Manifest document number (Rule 304(2)(a)? | ✓ | | II |
| | b.) The generator's name, mailing address, telephone number, and EPA Identification number. Rule 204(2)(b) | ✓ | | II |
| | c.) The name and EPA ID number of transporter. Rule 304(2)(c) | ✓ | | II |
| | d.) Name, address, and EPA ID number of designated permitted facility and alternate facility. Rule 304(2)(d) | ✓ | | II |
| | e.) The description of waste(s) (DOT shipping name, DOT hazard class, DOT identification number. Rule 304(2)(e) | ✓ | | II |

GENERATOR APPENDIX

Violation
Class

Yes

No

N/A

Class

f.) The total quantity of waste(s) and the type and number of containers loaded. Rule 304(l)(f)

✓

II

g.) Hazardous waste number describing the wastes. Rule 304(l)(g)

✓

II

h.) Certification as required in Rule 304(l)(h)

✓

II

i.) Signatures as required in Rule 304(4)

✓

I

j.) Waste minimization program/certification

✓

I

Comments:

3. Reportable exceptions. Rule 308(3), 40 CFR 262.42

a.) For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment.

✓

I

b.) For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator.

Comments:

INSPECTION FORM D
Part 6 of Rules
P.A. 64 of 1979

TREATMENT, STORAGE, DISPOSAL FACILITY

This Facility:

- ☒ Generates Hazardous Waste (Also use Generator Appendix)
- ☐ Treats Hazardous Waste
- ☒ Stores Hazardous Waste
- ☐ Disposes of Hazardous Waste
- ☐ Transports Hazardous Waste (Also use Form C)

This Facility:

- ☐ Accepts wastes from off-site sources
- ☒ Handles only its own wastes

If applicable, hazardous waste is stored in the following:

- ☒ Drums (Containers)
- ☐ Above-ground tanks
- ☐ Underground tanks
- ☐ Waste piles
- ☐ Lagoons
- ☐ Other
- ☐ Not applicable

If applicable, hazardous wastes are treated/disposed in the following:
(Attach appropriate checklist)

- ☐ Surface Impoundments
- ☐ Waste piles
- ☐ Land Treatment
- ☐ Landfills
- ☐ Incineration/Thermal Treatment
- ☐ Chemical, Physical and Biological Treatment
- ☐ Above-ground tanks

INSPECTION D

____ Underground tanks

____ Drums

____ Other

____ Not applicable

WASTE STREAMS

Hazardous Waste
Code/Name

Source

Type
of Storage

How Much

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSPECTION FORM D
Part 6 Rules
P.A. 64 of 1979

HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITY
Applies to Those Facilities That Do Not Have an Act 64 Permit

General Facility Standards
Rule 601, 40 CFR 265, Subpart B

<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
------------	-----------	------------	----------------------------------

1. If required, have the following been notified:

a.) Notified Director of receipt of hazardous waste from a foreign source? 265.12(a)

___	___	✓	II
-----	-----	---	----

b.) Notified Director of change of owner or operator.
40 CFR Part 270. 265.12(b)

___	___	✓	II
-----	-----	---	----

Comments: _____

2. General Waste Analysis: 265.13

a.) Has the owner or operator obtained a detailed chemical and physical analysis of the waste? 265.13(a)

✓	___	___	I
---	-----	-----	---

b.) Does the owner or operator have a detailed waste analysis plan on file at the facility? 265.13(b)

✓	___	___	I
---	-----	-----	---

c.) Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 265.13(c)

___	___	✓	I
-----	-----	---	---

Comments: _____

INSPECTION FORM D

			Violation
Yes	No	N/A	Class

3. Security - If applicable, do security measures include:

- | | | | | | |
|-----|---|-------------------------------------|--------------------------|--------------------------|---|
| a.) | 24-hour surveillance? 265.14(b)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I |
| | or | | | | I |
| b.) | i. Artificial or natural barrier around facility? 265.14(b)(2)(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | and | | | | |
| | ii. Controlled entry? 265.14(b)(2)(ii) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I |
| c.) | Danger sign(s) at entrance? 265.14(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I |

Comments: _____

4. Owner or operator inspections: 265.15*

- | | | | | | |
|-----|--|-------------------------------------|--------------------------|-------------------------------------|----|
| a.) | Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment? 265.15(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II |
| b.) | Does the owner or operator have a written inspection schedule at the facility? 265.15(b)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II |
| c.) | If so, does the schedule address the inspection of the following items: | | | | |
| | i. Monitoring equipment? 265.15(b)(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | II |
| | ii. Safety and emergency equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II |
| | iii. Security devices? 265.15(b)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II |
| | iv. Operating and structural equipment (i.e. dikes, pumps, etc.)? 265.15(b)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | II |

* These violations are Class II, unless observations of hazardous conditions or violations are noted in the log and not corrected which result in the release or actual harm to the environment or human health; in such instances violations are Class I.

INSPECTION FORM D

YesNoN/AViolation
Class

v. Type of problems to be looked
for during the inspection
(e.g. leaky fitting, defective
pump, etc.)?

II

vi. inspection frequency (based
upon the possible deterioration
rate of the equipment)?
265.15(b)(4)

II

d.) Are areas subject to spills in-
spected daily when in use?
265.15(b)(4)

II

e.) Does the owner or operator main-
tain an inspection log or summary
of owner or operator inspections?

II

f.) Does the inspection log contain
the following information:
265.15(d)

i. The date and time of the
inspection? 265.15(d)

II

ii. The name of the inspector?
265.15(d)

II

iii. A notation of the observa-
tions made? 265.15(d)

II

iv. The date and nature of any
repairs or remedial actions?
265.15(d)

II

Comments:

5. Do personnel training records include:
265.16

a.) Job titles? 265.16(d)(1)

I

b.) Job descriptions? 265(d)(2)

I

c.) Description of training?
265.16(d)(3)

I

INSPECTION FORM D

Violation

Yes	No	N/A	Class
-----	----	-----	-------

d.) Records of training?
265.16(d)(4)

✓			II
---	--	--	----

e.) Do new personnel receive re-
quired training within six
months? 265.16(d)

<i>when applicable</i>			I
------------------------	--	--	---

f.) Do personnel training records
indicate that personnel have
taken part in an annual review
of training? 264.16(c)

✓			I
---	--	--	---

Comments: _____

6. If required, are the following special
requirements for ignitable, reactive, or
incompatible wastes addressed?
265.17

a.) Special handling? 265.17(a)

			I
✓			I

b.) No smoking signs? 265.17(a)

✓			I
---	--	--	---

c.) Separation and protection from
ignition sources? 265.17(a)

✓			I
---	--	--	---

Comments: _____

PREPAREDNESS AND PREVENTION
Rule 608, 40 CFR 265, Subpart C

1. Is there any evidence of fire, explosion,
or release of hazardous waste or hazard-
ous waste constituents 40 CFR Rule 265.31

✓			I
---	--	--	---

Comments: _____

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

2. If required, does this facility have the following equipment: 40 CFR 265.32

a.) Internal communications or alarm systems. 40 CFR 265.32(a)

✓			I
---	--	--	---

b.) Telephone or 2-way radios at the scene of operations. 40 CFR 265.32(b)

✓			I
---	--	--	---

c.) Portable fire extinguishers, fire control, spill control equipment and decontamination equipment. 40 CFR 265.32(c)

✓			I
---	--	--	---

d.) Indicate the volume of water and/or foam available for fire control.

city with

Comments: a water on site

3. Testing and Maintenance of Emergency Equipment: 265.33

a.) Has the owner or operator established testing and maintenance procedures for emergency equipment? 265.33

✓			
---	--	--	--

b.) Is emergency equipment maintained in operable condition? 265.33

✓			
---	--	--	--

c.) If required, has owner or operator provided immediate access to internal alarms? 40CFR 265.34(a)

✓			
---	--	--	--

d.) Is there adequate aisle space for unobstructed movement for personnel and emergency equipment. 40 CFR 265.35.

✓			I
---	--	--	---

INSPECTION FORM D

YesNoN/AViolation
Class

Comments: _____

4. Has the owner or operator attempted to make arrangements with local authorities in case of emergencies. 40 CFR 265.37

✓

II

Comments: _____

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

Rule 607, 40 CFR 265 Subpart D.

1. Does the contingency plan contain the following information:

- a.) The actions facility personnel must take to comply with 265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (As applicable). 265.52(a)

✓

I

- b.) Arrangements or attempts to make arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to 40 CFR 265.52(c) 265.37

✓

II

- c.) Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator. 40 CFR 265.52(d)

✓

II

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

d.) A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities. 40 CFR 265.52(e)

✓			II
---	--	--	----

e.) An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.) 40 CFR 265.52(f)

✓			II
---	--	--	----

f.) Is the facility emergency coordinator identified. 40 CFR 265.55

✓			II
---	--	--	----

g.) Is coordinator familiar with all aspects of site operation and emergency procedures. 40 CFR 265.55

✓			II
---	--	--	----

h.) Does the Emergency Coordinator have the authority to carry out the Contingency Plan. 40 CFR 265.55

✓			II
---	--	--	----

i.) If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56.

		✓	I
--	--	---	---

j.) Has contingency plan been amended to reflect changes in regulations, plan failure, changes in the facility, list of emergency coordinators, changes in emergency equipment. 40 CFR 265.54

✓			II
---	--	--	----

Comments: _____

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	--------------------

2. Are copies of the contingency plan available at site and local emergency organizations. 40 CFR 265.53(a) 264.53(b)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
-------------------------------------	--------------------------	--------------------------	----

Comments: _____

USE OF MANIFEST SYSTEM
Rule 601(2)(b)

1. Does this facility receive hazardous waste accompanied by a manifest. If yes, complete the following:

- a.) Are copies signed and dated.

Rule 608(1)(a)

*stone only then
own waste*

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
--------------------------	--------------------------	-------------------------------------	---

- b.) Are significant discrepancies noted on the manifest.

Rule 608(1)(b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- c.) Are transporters given 1 copy of the signed manifest.

Rule 608(1)(c)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- d.) Are copies sent to the generator within 30 days. Rule 608(1)(d)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- e.) Are copies of the manifest retained for 3 years.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- f.) Are copies of the manifest returned to DNR within 10 days after end of month. Rule 608(1)(f)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
--------------------------	--------------------------	--------------------------	----

Comments: _____

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

2. Does this facility ship hazardous waste off-site. If yes, complete Generator Appendix. Rule 608(3)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
-------------------------------------	--------------------------	--------------------------	-----

Comments: _____

3. For unreconciled significant discrepancies in manifests has the Director been notified. Rule 608(4)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
--------------------------	--------------------------	-------------------------------------	---

Comments: _____

RECORDKEEPING

Rule 601(3) 40 CFR 265. Subpart E

1. Does the owner or operator of this facility maintain an operating record? Rule 609(1)

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	II
--------------------------	--------------------------	-------------------------------------	----

Comments: _____

2. Does this operating record contain: 265.73

a.) The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR Part 265.73(b)(1) Appendix E

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II
--------------------------	--------------------------	--------------------------	----

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

b.) The location and quantity of each hazardous waste within the facility? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)
265.73(b)(2)

II

c.) If this facility disposes of hazardous waste on-site, is there a map or diagram of disposal area. 265.73(b)(2)

II

d.) Records and results of all waste analyses, trial tests, monitoring data, and operator inspections? 265.73(b)(3)

II

e.) Reports detailing all incidents that required implementation of the Contingency Plan?
265.73(b)(4)

II

f.) Records and results of inspections as required in 40 CFR 264.15(d) 265.73(b)(5)

II

g.) If required, monitoring, testing, or analytical when required by construction permit or operating license. Rule 265.73(b)(6)

II

h.) Closure and post closure cost estimates. 265.73(b)(7)

II

Comments: _____

3. Are all required records available and maintained for at least 3 years.
265.74(3)

II

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

Comments: _____

REPORTING

1. Has the owner or operator submitted a biennial report to the required administration by March 1 of even numbered years? 265.75

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
-------------------------------------	--------------------------	--------------------------	---

Comments: _____

2. If applicable, for TSD's that receive hazardous waste from off-site sources. Rule 265.76

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
--------------------------	--------------------------	-------------------------------------	---

- a.) Has the facility accepted any hazardous waste from an off-site generator subject to Rule 205 without a manifest or shipping paper?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

- b.) If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type, and date received for each unmanifested hazardous waste shipment.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
--------------------------	--------------------------	--------------------------	---

USE AND MANAGEMENT OF CONTAINERS
Drums/Roll-off Boxes/Gondolas

1. Is hazardous waste accumulated in containers? If no, skip to tank section. ☒

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
--------------------------	--------------------------	-------------------------------------	-----

2. a.) Is each container clearly marked with accumulation date and hazardous waste number Rule 306(1)(c)?
If no, how many _____ ☒

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
--------------------------	--------------------------	-------------------------------------	---

INSPECTION FORM D

	Yes	No	N/A	Violation Class
b.) Has more than 90 days elapsed since date marked (Operating license needed as required in Part 5 of Rules) If yes, how many drums _____ Accumulation dates _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
c.) Is each container labeled or marked clearly with the words "Hazardous Waste" rule 306(c). If no, how many _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
d.) Are containers in good condition Rule 306(1)(a), 40 CFR 265.171. If no, specifically what is their conditions. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
e.) Are containers compatible with waste in them. RULE 306(1)(a) 40 CFR 265.172. If no, explain _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
f.) Are containers stored closed, Rule 306(1)(a), 40 CFR 265.173(a). If no, how many _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
g.) Are containers managed to prevent leaks? Rule 306(1)(a), 40 CFR 265.173(b) If no, explain _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
h.) Are containers inspected weekly for leaks and defects? Rule 306(1)(a) 40 CFR 265.174.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
i.) Are ignitable and reactive wastes stored at least 15 meters (50 Feet) from property line? (Indicate if waste is ignitable or reactive) Rule 306(1)(a) 40 CFR 265.176. If no, explain _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
j.) Are incompatible wastes stored in separate containers (If not the provisions of 40 CFR 265.17(b) apply) Rule 306(1)(a) 40 CFR 265.176. If no, explain _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

INSPECTION FORM D

<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation Class</u>
------------	-----------	------------	------------------------

- k.) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? Rule 306(1)(a) 40 CFR 265.177.

I

Comments: _____

3. If storing free liquid, does hazardous waste storage area include: rule 306(1)(a) 40 CFR 264.175.

- a.) Impervious base free of cracks. 40 CFR 264.175(b)(1)

I

- b.) Containment capable of holding 10% of volume of containers or 10% of largest container which ever is greater.

I

Comments: _____

4. Is hazardous waste being accumulated at the point of generation, Rule 306(2)

N/A

If yes:

- a.) Is container less than 55 gallons or one quart of acutely hazardous waste? Rule 306(2)

I

- b.) Is container under control of operator and near point of generation and under control of operator? Rule 306(2)

I

- c.) Are containers in good condition? Rule 306(2) 40 CFR 265.171

I

INSPECTION FORM D

Violation

Yes	No	N/A	Class
-----	----	-----	-------

d.) Are containers compatible with waste in them? Rule 306(2) 40 CFR 265.172

I

e.) Are containers stored closed when not in use and managed to prevent leaks? Rule 306(2) 40 CFR 265.173

I

f.) Are containers marked with the words "Hazardous Waste" and waste number (or other words that identify the contents) Rule 306(2)

I

Comments:

TANKS

1. Is hazardous waste accumulated in tanks?
If no, skip to c.

N/A.

a.) Is each tank labeled or marked with the words "Hazardous Waste", Rule 306(1)(a), 40 CFR 262.34(a)

I

b.) Are tanks used to store only those wastes which will not cause corrosion, leaking or premature failure of the tank? Rule 306(1)(a), 40 CFR 262.192(b).

I

c.) Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structure. Rule 306(1)(a), 40 CFR 265.192(c)?

I

d.) Do continuous feed systems have a wastefeed cutoff? Rule 306(1)(a), 40 CFR 265.192(d).

I

e.) Are required daily and weekly inspections done? Rule 306(1)(a), 40 CFR 265.194?

II

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	--------------------

f.) Are reactive and ignitable wastes in tanks protected or rendered non-active or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements. 261.21 or 261.23 Rule 306(1)(a), 40 CFR 266.199

II

g.) Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 266.17(b) apply.) Rule 306(1)(a), 40 CFR 266.199.

I

h.) Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes? Rule 306(1)(a) 40 CFR 198 (3)(b)

I

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet.

(See tables 2-1 through 206 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

Comments: _____

2. Do above ground tanks have a 150% containment area constructed of impervious material, or if tanks hold incompatible wastes is each tank structurally enclosed? Rule 615(3)

I

INSPECTION FORM D

Yes	No	N/A	Violation Class
-----	----	-----	-----------------

Comments: _____

3. Do owners and operators of underground tanks do all the following:

a.) Provide secondary adequate containment and leachate collection system. Rule 615(4)(a)

I

b.) Conduct an inventory of the contents of the tanks at least twice a month. Rule 615(4)(b)

I

c.) Conduct leachate sampling at least once a year. Rule 615(4)(c)

I

d.) Maintain an accurate inventory of the tank. Rule 615(4)(d)

I

Comments: _____

4. Is hazardous waste accumulated in other than tanks or containers? If yes, explain _____

N/A

Comments: _____

INSPECTION FORM D

CLOSURE AND POST CLOSURE (Part 265 Subpart G)

Part 7 of Act 64 Rules

	Yes	No	N/A	Violation Class
1. Closure 265.112				
a.) Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
b.) Does the plan identify				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
iii. estimated year of closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
iv. schedule of closure activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

Comments: _____

*2. Post-Closure 265.118 - Act 64 Rules

a.) Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I
b.) Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
ii. description of maintenance activities and frequencies for				
AA. integrity of cap. final cover, or containment structures, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I
BB. facility monitoring equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I

INSPECTION FORM D

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Violation</u> <u>Class</u>
iii. name, address, and phone number of person or office to contact during post- closure care period?	_____	_____	_____	I _____
c.) Has the post-closure period begun?	_____	_____	_____	N/A _____
d.) -Is the written post-closure cost estimate available? 265.144	_____	_____	_____	I _____

Comments: _____

* Applies only to disposal facilities.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TSD CHECKLIST

TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 263 requirements [264.13 or 265.13]?

o F-solvent ☒ Yes ☐ No ☐ NA
 o California List ☒ Yes ☐ No ☐ NA
 o First Third ☒ Yes ☐ No ☐ NA

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

☒ Yes ☐ No

a. What date was the waste analysis plan last revised? 1988

b. Are analyses conducted on-site or off-site?

☐ On-site ☒ Off-site

Identify off-site lab: Burma Technical

- c. Is F-solvent waste analyzed using TCLP?

☒ Yes ☐ No ☐ NA

- d. Is First Third waste analyzed using the analytical method that is appropriate for the objective of the specified BDAT (i.e., total constituent analysis for destruction technologies and TCLP for stabilization/fixation technologies)?

☒ Yes ☐ No ☐ NA

Note: The appropriate analytical methods (TCLP or total constituent) for first third wastes with specified treatment standards are given in Appendix D.

- e. Describe the frequency of sampling: Minimum of once per year - in some cases by the month

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]?

☒ Yes ☐ No

B. Storage (268.50)

1. Are restricted wastes stored on-site?

☒ Yes ☐ No

If no, go to C, Treatment.

2. If yes, check the appropriate method.

☒ Tanks
☒ Containers

3. Are all containers clearly marked to identify the contents and date(s) entering storage?

☒ Yes ☐ No ☐ NA

4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?

☒ Yes ☐ No

5. Do operating records agree with container labeling?

☒ Yes ☐ No ☐ NA

6. Do operating records contain copies of the notices, certification, and demonstration (if applicable) from the generator for the past 5 years?

☐ Yes ☐ No *N/A*

7. Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?

____ Yes ☒ No ____ NA

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

____ Yes ____ No

If yes, state how: _____

8. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

☒ Yes ____ No ____ NA

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume?

☒ Yes ____ No

9. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?

☒ Yes ____ No ____ NA

C. Treatment

N/A

1. Does the facility treat restricted wastes other than in surface impoundments?

____ Yes ____ No

If no, go to D, Treatment in Surface Impoundments.

2. Describe the treatment processes:

3. Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue or residue extract (for treatment standards expressed as concentrations in the waste extract) from all treatment processes is less than treatment standards [268.7(b)]?

____ Yes ____ No

4. Is dilution used as a substitute for treatment?

____ Yes ☒ No

*No treatment at
this facility*

6. Are notifications, demonstration, and certification (if applicable) prepared by the generators kept in the facility's operating record?

____ Yes ____ No

7. Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility?

____ Yes ☒ No ____ NA

If yes, does the treatment facility provide notification and certification to the disposal facility?

____ Yes ____ No

If yes, does notification contain the following?

EPA Hazardous waste number(s) ____ Yes ____ No

Applicable treatment standards ____ Yes ____ No

Manifest number ____ Yes ____ No

Waste analysis data, if available ____ Yes ____ No

Certification that the waste meets the treatment standards ____ Yes ____ No

Identify off-site disposal facilities:

8. Does the facility ship any "soft hammer" waste to an off-site disposal facility?

____ Yes ☒ No ____ NA

If yes, does the treatment facility send a copy of the generator's demonstration (if applicable) and certification to the disposal facility?

____ Yes ____ No

D. Treatment in Surface Impoundments

1. Are restricted wastes placed in surface impoundments for treatment?

____ Yes ☒ No

If no, go to E, Land Disposal.

2. If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?

____ Yes ____ No

3. If the minimum technology requirements have not been met, has a waiver been granted for that unit?

____ Yes ____ No ____ NA

4. Are representative samples of the sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan?

____ Yes ____ No

Attach test results.

5. Do the hazardous waste residues (sludges or liquids) exceed the treatment standards specified in 268.41, or where no treatment standards are established for a waste, the applicable prohibition levels?

____ Yes ____ No

6. Provide the frequency of analyses conducted on treatment residues: _____

7. Does the operating record adequately document the results of waste analyses performed in accordance with 268.41?

_____ Yes _____ No

8. Do the hazardous waste residues exceed the treatment standards (268.41) or do not meet the prohibition levels?

Sludge _____ Yes _____ No

Supernatant _____ Yes _____ No

a. If yes, are sludge and supernatant removed adequately on an annual basis?

_____ Yes _____ No

b. Are adequate precautions taken to protect liners, and do records indicate that liner integrity is inspected?

_____ Yes _____ No

c. Are residues subsequently managed in another surface impoundment?

_____ Yes _____ No

d. Are residues treated prior to disposal?

_____ Yes _____ No

If yes, are waste residues treated on-site or off-site?

_____ On-site _____ Off-site

Identify treatment method: _____

E. Land Disposal

1. Are restricted wastes placed in land disposal units such as landfills, surface impoundments, waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?

_____ Yes _____ No

Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.

If yes, specify which units and what wastes each unit has received: _____

2. Are these wastes disposed of in a new, replacement, or laterally expanded landfill or impoundment that meets the minimum technology requirements (double liner and leachate collection) and groundwater monitoring?

_____ Yes _____ No

3. Does the facility operating record have notices, certifications, and demonstration (if applicable) from generators/storer/treaters for 5 years [268.7(c); 268.7(a),(b)]?

_____ Yes _____ No

4. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

_____ Yes _____ No

If yes, at what frequency? _____

5. If restricted wastes that exceed the treatment standards are placed in land disposal units (excluding national capacity variances) [268.30(a)], does facility have an approved waiver based on no migration petition [268.6], an approved case-by-case capacity extension [268.5], or variance [268.44]?

_____ Yes _____ No

6. Does the facility dispose of restricted wastes that are subject to a national capacity variance?

_____ Yes _____ No

N/A
TSD

7. Does the facility have notices [268.7(a)(3)] and records of disposal for disposed wastes that are subject to a national capacity variance, case-by-case extensions [268.5], or no migration petitions [268.6]?

____ Yes ____ No ____ NA

8. What is the volume of the restricted wastes disposed of to date?

9. If the facility has a case-by-case extension, is the facility making progress as described in progress reports?

____ Yes ____ No ____ NA

February 24, 1986

Mr. Richard Hubler
General Supervisor
AC Spark Plug Div. of GM
Averil Avenue Plant
4134 Davison Road
Flint, MI 48556

Re: MID 980568745
Averil Avenue Plant

Dear Mr. Hubler:

On February 19, 1986, staff of the Department of Natural Resources conducted an investigation of your facility located at 4134 Davison Road in Flint, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

This inspection revealed that your facility was in compliance with the RCRA requirements evaluated at the time of the inspection. Compliance with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Leroy Vahovick
Leroy Vahovick
Env. Quality Analyst
DNR - Lansing District
HWD - Region III
P.O. Box 30028
Lansing, MI 48909

LV/ms

Enclosure

cc: U.S. EPA - Region V

February 17, 1980

Mr. Richard L. Bishop
General Supervisor
Michigan Dept. of Natural Resources
211 West Washington Road
Lansing, MI 48206

Re: FID 1000000000
West Washington Road

Dear Mr. Bishop:

On February 17, 1980, staff of the Department of Natural Resources conducted an investigation of your facility located at 211 West Washington Road in Lansing, Michigan to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended.

Our inspection revealed that your facility was in compliance with the RCRA requirements existing at the time of the inspection. Consistent with these requirements does not limit the applicability of other provisions of the RCRA regulations. Enclosed is a copy of the inspection report for your information.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Larry Vachon
Env. Quality Analyst
WRX - Lansing District
WRX - Region III
P.O. Box 9000
Lansing, MI 48209

LVW

Enclosure

cc: 1.1.1 - Region V

RCRA Inspection Report

EPA Identification Number: M 1 0 9 8 0 5 6 8 7 4 5

Installation Name: AC Spark plug Division of GM - Avenir Ave Plant

Location Address: 4134 Davison Rd

City: Flint

State: MICH 48556

Date of inspection: 2/19/86

Time of inspection (from) 12:30p (to) 3:00p

Person(s) interviewed

Title

Telephone

Richard L. Hubler

General Supervisor

313-257-6257

Inspector(s)

Agency/Title

Telephone

Leroy Uchovick

MDNR Env Quality Analyst 517-322-1300

Installation Activity (mark only one box)

Inspection Form(s)

☒ Treatment/Storage/Disposal per 40 CFR 261 and/or
Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☐ Generation only

B

☐ Transportation only

C

INSPECTION FORM A

Section A: SCOPE OF INSPECTION.

1. Interim status standards for treatment storage or disposal of HAZARDOUS WASTES SUBJECT TO 40 CFR 265.1. Complete Inspection Form A sections B, C, D, E, and G.
2. Place an "X" in the box(es) corresponding to the facility's treatment, storage and disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)		Inspection Form A section(s)
S01	<input checked="" type="checkbox"/> storage in containers	I
S02	<input type="checkbox"/> storage in tanks	J
T01	<input type="checkbox"/> treatment in tanks	J
S04	<input type="checkbox"/> storage in surface impoundment	K,F
T02	<input type="checkbox"/> treatment in surface impoundment	K,F
D83	<input type="checkbox"/> disposal in surface impoundment	K,F
S03	<input type="checkbox"/> storage in waste pile	L
D81	<input type="checkbox"/> disposal by land application	M,F
D80	<input type="checkbox"/> disposal in landfill	N,F
T03	<input type="checkbox"/> treatment by incineration	O/P
T04	<input type="checkbox"/> treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

3. Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
4. Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.

Section B: GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

	YES	NO	NI*	Remarks
1. Has the Regional Administrator been notified regarding: 265.12				
a. Receipt of hazardous waste from a foreign source?	<input checked="" type="checkbox"/>			
b. Facility expansion?	<input checked="" type="checkbox"/>			
c. Change of owner or operator?	<input checked="" type="checkbox"/>			
2. General Waste Analysis: 265.13				
a. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			
b. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>			
c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input checked="" type="checkbox"/>			
3. Security - Do security measures include: (if applicable) 265.14				
a. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
or				
b. i. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
and				
ii. Controlled entry?	<input checked="" type="checkbox"/>			
c. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>			
4. Owner or operator inspections: 265.15				
a. Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors, and discharges of hazardous waste that may affect human health or the environment?	<input checked="" type="checkbox"/>			

*Not Inspected

YES NO NI Remarks

- b. Does the owner or operator have an inspection schedule at the facility?
- c. If so, does the schedule address the inspection of the following items:

- i. monitoring equipment?
- ii. safety and emergency equipment?
- iii. security devices?
- iv. operating and structural equipment (i.e. dikes, pumps, etc.)?
- v. type of problems to be looked for during the inspection (e.g. leaky fitting, defective pump, etc.)?
- vi. inspection frequency (based upon the possible deterioration rate of the equipment)?

- d. Are areas subject to spills inspected daily when in use?

- e. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?

- f. Does the inspection log contain the following information:

- i. the date and time of the inspection?
- ii. the name of the inspector?
- iii. a notation of the observations made?
- iv. the date and nature of any repairs or remedial actions?

5. Do personnel training records include: 265.16

- a. Job titles?
- b. Job descriptions?

	YES	NO	NI	Remarks
c. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Did facility personnel receive the required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do personnel training records indicate that personnel have taken part in an annual review of initial training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed? 265.17				
a. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C: PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

1. Maintenance and Operation
of Facility: 265.31

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

YES NO NI Remarks

— ☒ — —

2. If required, does the facility
have the following equipment: 265.32

a. Internal communications or
alarm systems?

— — Not required near
Fire station

b. Telephone or 2-way radios
at the scene of operations?

— — ☒ —

c. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ — —

Indicate the volume of water and/or foam available for fire control:

City of Flint water

3. Testing and Maintenance of
Emergency Equipment: 265.33

a. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

☒ — —

b. Is emergency equipment
maintained in operable
condition?

☒ — —

4. Has owner or operator provided
immediate access to internal
alarms? (if needed) 265.34

— — Not required, near Fire Dept.

5. Is there adequate aisle space
for unobstructed movement?

☒ — —

6. Has the owner or operator attempted
to make arrangements with local
authorities in case of an emergency
at the facility?

☒ — —

Section D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES: (Part 265 Subpart D)

YES NO NI Remarks

1. Does the Contingency Plan contain the following information: 265.52

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

b. Arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

c. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

N/A

2. Are copies of the Contingency Plan available at the site and local emergency organizations? 265.53

✓

YES NO NI Remarks

3. Emergency Coordinator 265.55

- a. Is the facility Emergency Coordinator identified?
- b. Is coordinator familiar with all aspects of site operation and emergency procedures?
- c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓

✓

✓

4. Emergency Procedures 265.56

If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?

None have occurred

Section G - JSURE AND POST CLOSURE (Part 26 Subpart G)

	YES	NO	NI	Remarks
1. Closure 265.112				
a. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the plan identify:				
i. maximum extent unclosed during facility life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. maximum hazardous waste inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. estimated year of closure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>open ended</i>
v. schedule of closure activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*2. Post-Closure 265.118				
a. Is the post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does this plan contain:				
i. description of groundwater monitoring activities and frequencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. description of maintenance activities and frequencies for				
AA. integrity of cap, final cover, or containment structures, where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BB. facility monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. name, address, and phone number of person or office to contact during post-closure care period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the written post-closure cost estimate available? 265.144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

plies only to disposal facilities.

Section I - USE AND MANGEMENT OF CONTAINERS (Part 265, Subpart I)

	YES	NO	NI	Remarks
1. Are containers in good condition? 265.171	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them? 265.172	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks? 265.173	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive). 265.176	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply). 265.177	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

Appendix GN

Section A: Scope

1. Complete this Appendix if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	YES	NO	NI	Remarks
(1) Does the operator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>14</u>				
(3) Do the manifest forms examined contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements). 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>None</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. _____				

